



Annual Report on Substance Abuse Treatment Programs

Submitted Pursuant to ARS 36-2023

**Arizona Department of Health Services
Division of Behavioral Health Services**

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Table of Contents

Executive summary	1
A. Name and Location of Each Program	2
B. Amount and Sources of Funding	3
C. Number of Clients Who Received Services during the Preceding Fiscal Year	3
D. Demographic Characteristics of the Client Population Served	7
E. Client Problems Addressed by the Programs Including the Types of Substances Abused	11
F. Summary of the Numbers and Types of Services Available	12
G. Evaluation of the Results Achieved by the Programs	15
H. Substance Abuse Treatment and Best Practices Goals for SFY 2009	16
I. System Enhancement Goals for SFY 2009	17

Tables

Table 1: Service Delivery System SFY 2008	2
Table 2: Substance Abuse Treatment Funding Summary: SFY 2008 (Actual)	3
Table 3: Treatment Costs in 2008 by Treatment Setting	6

Figures

(Please note that percentages may not total 100% due to rounding.)

Figure 1: Trends in Statewide Substance Abuse Treatment Enrollment SFY 2005 – SFY 2008	4
Figure 2: Trends in TXIX/TXXI Substance Abuse Treatment Enrollment SFY 2005 – SFY 2008	4
Figure 3: Substance Abuse Treatment Enrollees by T/RBHA	5
Figure 4: Enrolled Children in Substance Abuse Treatment by T/RBHA	5
Figure 5: Enrolled Adults in Substance Abuse Treatment by T/RBHA	6
Figure 6: Expenditures for Substance Abuse Treatment Services	7
Figure 7: Substance Abuse Treatment by Age Group	7
Figure 8: Substance Abuse Treatment by Gender	8
Figure 9: Substance Abuse Treatment Participants by Race	8
Figure 10: Substance Abuse Treatment Participants by Ethnicity	9
Figure 11: Referrals for Substance Abuse Treatment Services	9
Figure 12: Involuntary Substance Abuse Treatment Participants Served by T/RBHA	10
Figure 13: Primary Residence in the Past 30 Days	10
Figure 14: Primary Substance Abused SFY 2006 – SFY 2008	11
Figure 15: Primary Substance Abused by Children/Adolescents SFY 2006 – SFY 2008	11
Figure 16: Primary Substance Abused by Adults with SMI SFY 2006 – SFY 2008	12
Figure 17: Pregnant Women or Women with Dependent Children Receiving Substance Abuse Treatment	13
Figure 18: Employment and Abstinence at Admission and Discharge	16

Executive Summary

ARS 36-2023 establishes a requirement for an annual report on substance abuse treatment programs that receive funds from the Arizona Department of Health Services (ADHS). This report contains information regarding substance abuse treatment pertaining to enrolled children and adults during SFY 2008, including funding sources and costs of treatment services, services according to geographic area, treatments setting and types, demographic data, and substance abuse issues faced by recipients. Finally, an evaluation of services is presented along with proposed goals for the current fiscal year.

During SFY 2008, more than \$121 million was spent on substance abuse treatment for more than 63,000 eligible enrollees. The majority of the recipients (65%) were in the state's two major metropolitan areas, Phoenix and Tucson. Half of those served were between the ages of 25 and 45 with an additional 27% between the ages of 45 and 65.

The majority of those receiving services did so on an outpatient basis, which provided support and medical assistance. Most recipients (45%) were either self-referred or sought treatment at the urging of family and/or friends. Another 22.5% were court ordered to treatment. Of those receiving treatment, 56% were male. The primary substance of choice of adults receiving services was alcohol, while the substance of choice for those under the age of 18 was marijuana.

Available services include three methamphetamine Centers of Excellence, services for recovering women and children, re-entry programs for those released from the Arizona Department of Corrections, HIV Early Intervention Services that target persons with substance abuse issues, and the use of peer and family support in the treatment process. In addition, special adolescent alcohol/drug treatment services are available for families involved with Child Protective Services.

A. Name and Location of Each Program

In SFY 2008, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) contracted with four Regional Behavioral Health Authorities and three Tribal Regional Behavioral Health Authorities (T/RBHAs). T/RBHAs are responsible for developing and managing networks of community agencies to deliver substance abuse services for persons eligible under the federal Title XIX/XXI programs and for Non-Title XIX/XXI eligible individuals and families in Arizona. In addition, ADHS/DBHS contracted with five tribal nations for delivery of substance abuse treatment services to reservation residents.

Table 1: Service Delivery System (SFY 2008)

Area	Counties	T/RBHA
GSA 1	Apache, Navajo, Coconino, Mohave, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)
GSA 2	La Paz, Yuma	Cenpatico Behavioral Health of Arizona (CBHS) - 2
GSA 3	Cochise, Graham, Greenlee, Santa Cruz	Community Partnership of Southern Arizona (CPSA) – 3
GSA 4	Pinal, Gila	CBHS – 4
GSA 5	Pima	CPSA – 5
GSA 6	Maricopa	Magellan of Arizona*
Tribal Authorities/Contractors	Pascua Yaqui Tribe Gila River Indian Community White Mountain Apache Tribe of Arizona	Tribal Regional Behavioral Health Authorities: Pascua Yaqui Tribe, Gila River Indian Community and White Mountain Apache of Arizona
	Navajo Nation Colorado River Indian Tribes	Tribal Contractors: Navajo Nation and Colorado River Indian Tribes



* Magellan of Arizona replaced ValueOptions as the RBHA on September 1, 2007. ValueOptions was the RBHA during the July 1-August 31, 2007 period.

B. Amount and Sources of Funding

During SFY 2008, ADHS/DBHS expended \$121,191,579 in service funding for individuals and families with substance abuse disorders. The Title XIX program for persons eligible under the Arizona Health Care Cost Containment System (AHCCCS) program comprised the single largest source of substance abuse treatment funding during the fiscal year (62.66%), followed by the Substance Abuse Prevention and Treatment Block Grant (19.43%). Funding for substance abuse treatment also included state appropriated monies from the Arizona State Legislature, funds from Maricopa County for local detoxification services, and funds from the Arizona Department of Corrections for prison re-entry services.

Table 2: Substance Abuse Treatment Funding Summary: SFY 2008 (Actual)

Fund Source	Dollar Amount	Percentage
Title XIX/XXI Funding	\$75,941,357	62.66%
Federal Block Grant for Substance Abuse Prevention and Treatment	\$23,545,206	19.43%
State Appropriated	\$16,518,610	13.63%
Maricopa County, City of Phoenix, Arizona Department of Corrections Correctional Officer/Offender Liaison (COOL), Intergovernmental Agreements (IGA) and Interagency Service Agreements (ISA).	\$5,141,081	4.24%
Liquor Fees	\$45,325	0.04%
TOTAL:	\$121,191,579	100%

C. Number of Clients Who Received Services during the Preceding Fiscal Year

Individuals and families eligible under Arizona's Title XIX and Title XXI programs receive all medically necessary covered behavioral health services for substance abuse and mental health treatment through the T/RBHA. Covered behavioral health services for Non-Title XIX/XXI eligible Arizonans, also delivered by T/RBHA providers, are based on available funding and special population designations in the Substance Abuse Block Grant and other fund sources such as the Correctional Office/Offender Liaison program.

Statewide, 63,571 adults and children were enrolled in ADHS/DBHS treatment for substance abuse or dependence during SFY 2008.

3,929 (6.2%) of individuals enrolled in substance abuse treatment were children or adolescents, 49,571 (78.0%) were adults with substance abuse disorders and 10,071 (15.8%) were adults with Serious Mental Illness (SMI) and a co-occurring substance abuse disorder.

Figure 1: Trends in Statewide Substance Abuse Treatment Enrollment SFY 2005 – SFY 2008

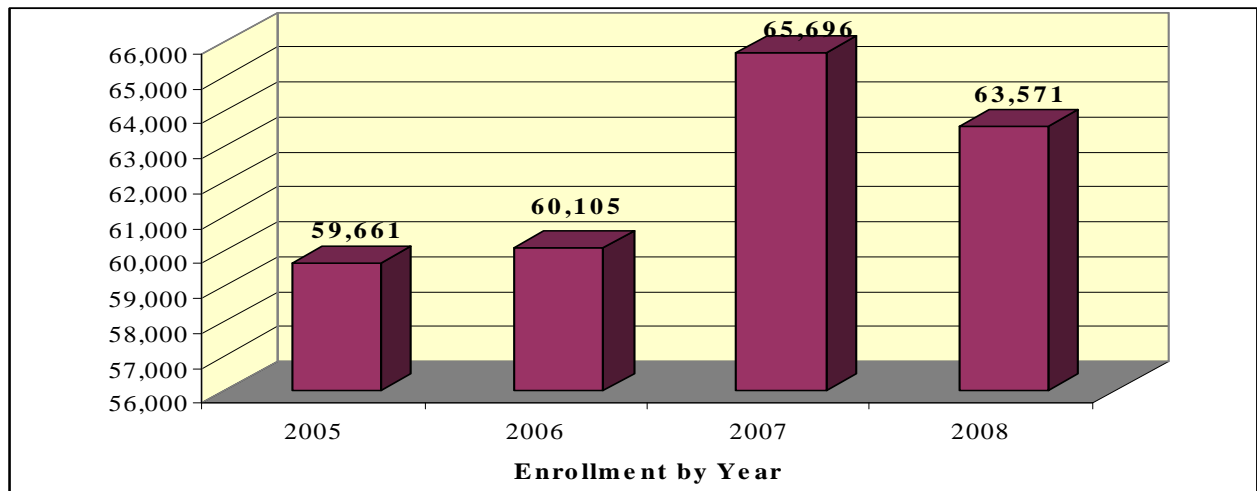


Figure 1 indicates the number of Arizonans enrolled in substance abuse treatment services in the behavioral health system during the years 2005 to 2008. The number of enrolled members decreased by 3.2% between 2007 and 2008.

Figure 2: Trends in TXIX/TXXI Substance Abuse Treatment Enrollment SFY 2005- SFY 2008

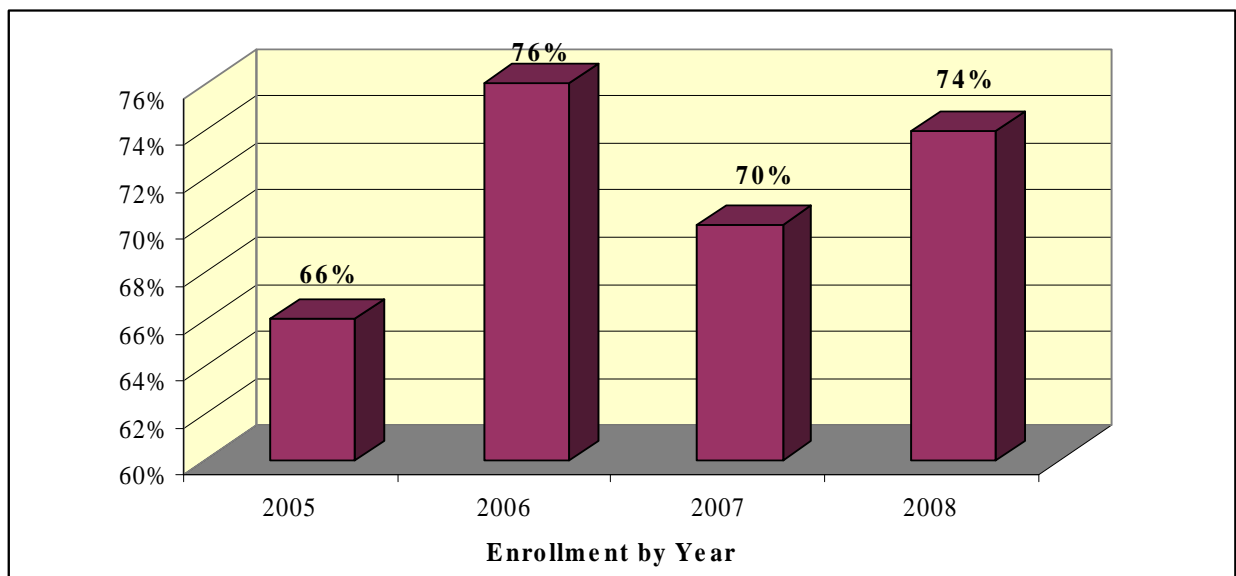


Figure 2 shows the proportion of individuals enrolled in substance abuse treatment who were AHCCCS-eligible. For SFY 2008, 74% of individuals enrolled in substance abuse treatment services were eligible for Title XIX/XXI programs (47,096 individuals) and 26% were Non-Title XIX/XXI (16,475 individuals).

Figure 3: Substance Abuse Treatment Enrollees by T/RBHA

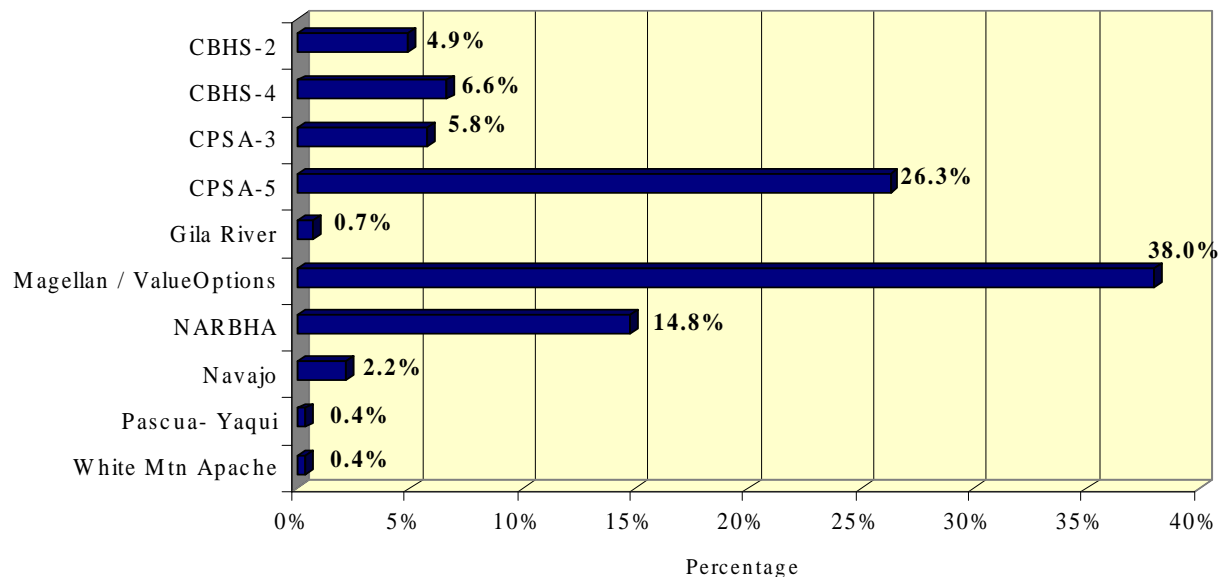
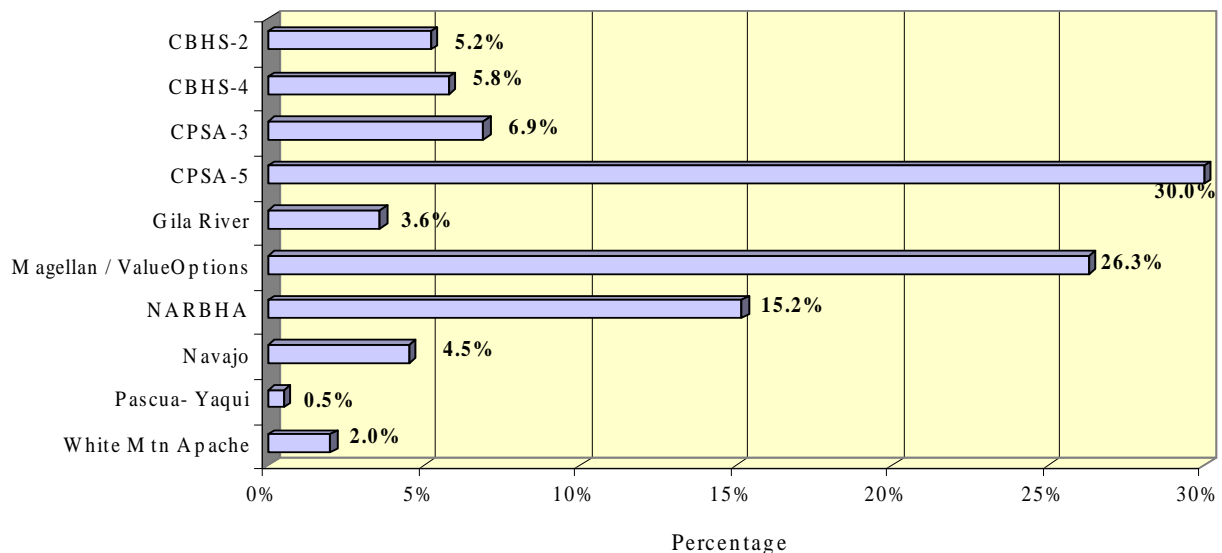


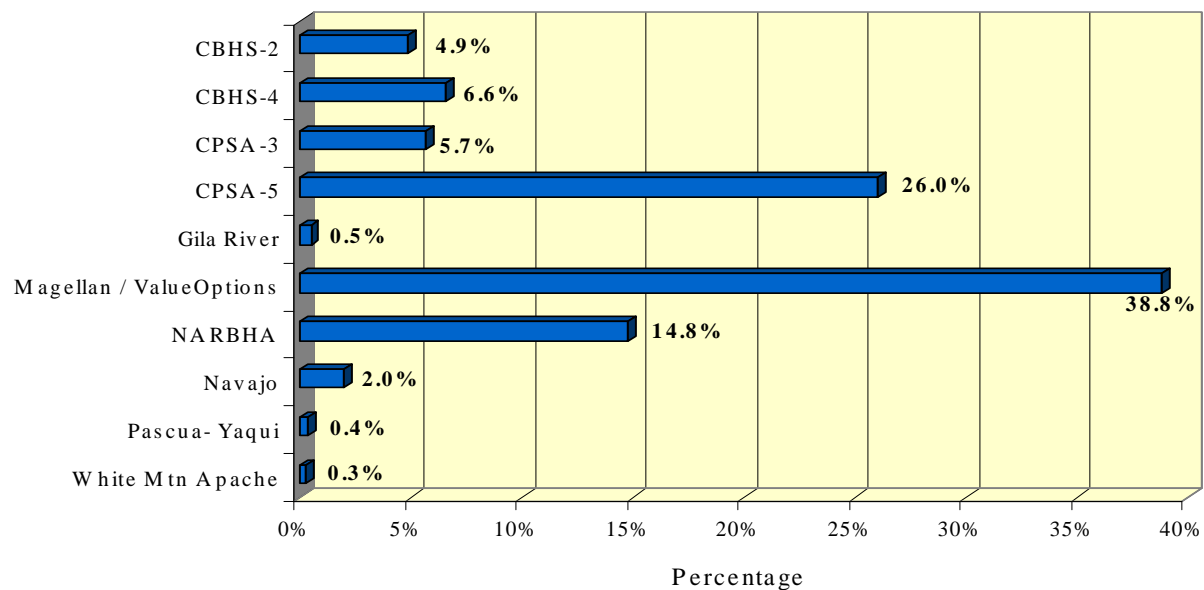
Figure 3 illustrates that Maricopa County accounted for the largest number of individuals receiving substance abuse treatment in SFY 2008. Magellan/ValueOptions served 38%, followed by Community Partnership of Southern Arizona (CPSA-5, 26.3%) and Northern Arizona Behavioral Health Authority (14.8%). The remaining service areas totaled 21% of all persons treated during the SFY.

Figure 4: Enrolled Children in Substance Abuse Treatment by T/RBHA



The majority of children who received treatment were served through Community Partnership of Southern Arizona GSA 5 (30.0%), followed by Magellan/ValueOptions (26.3%), and Northern Arizona Regional Behavioral Health Authority (15.2%).

Figure 5: Enrolled Adults in Substance Abuse Treatment by T/RBHA



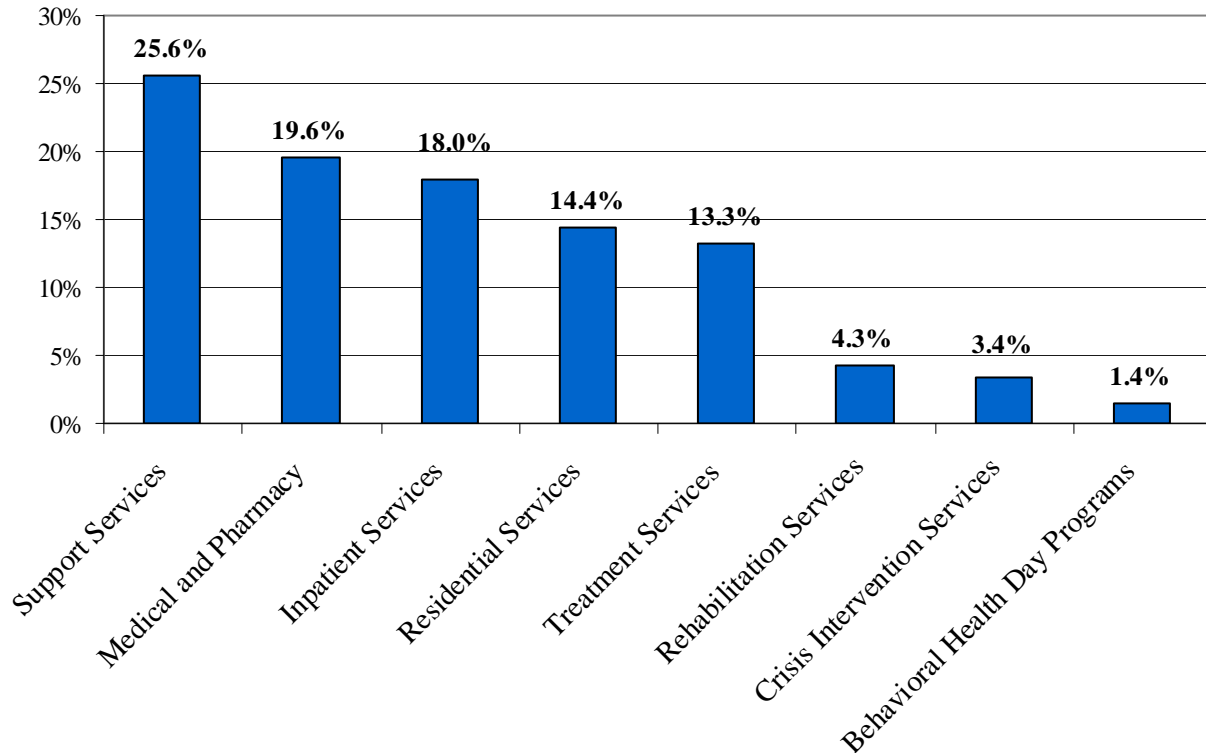
Over 90% of all individuals receiving substance abuse treatment services in SFY 2008 were adults. Magellan/ValueOptions served the majority of the adult population (38.8%), followed by Community Partnership of Arizona (CPSA-5, 26.0%), and Northern Arizona Regional Behavioral Health Authority (14.8%).

Table 3 lists the array of treatment options offered by the behavioral health system and outlines the mean cost of each service. The majority of individuals received outpatient treatment which is significantly less costly than inpatient services. Figure 6 illustrates the percentages of the total outlay by service.

Table 3: Treatment Costs in 2008 by Treatment Setting

Treatment Type	Persons Served	Average Cost of Services per Person
Hospital Treatment	3,418	\$9,338
Brief Residential Treatment	5,112	\$4,992
Hospital Detoxification	189	\$2,937
Long Term Residential Treatment	646	\$2,863
Residential Detoxification	1,672	\$2,332
Outpatient Treatment	53,334	\$1,649
Intensive Outpatient Treatment	2,833	\$1,211

Figure 6: Expenditures for Substance Abuse Treatment Services



D. Demographic Characteristics of the Client Population Served

Figure 7: Substance Abuse Treatment by Age Group

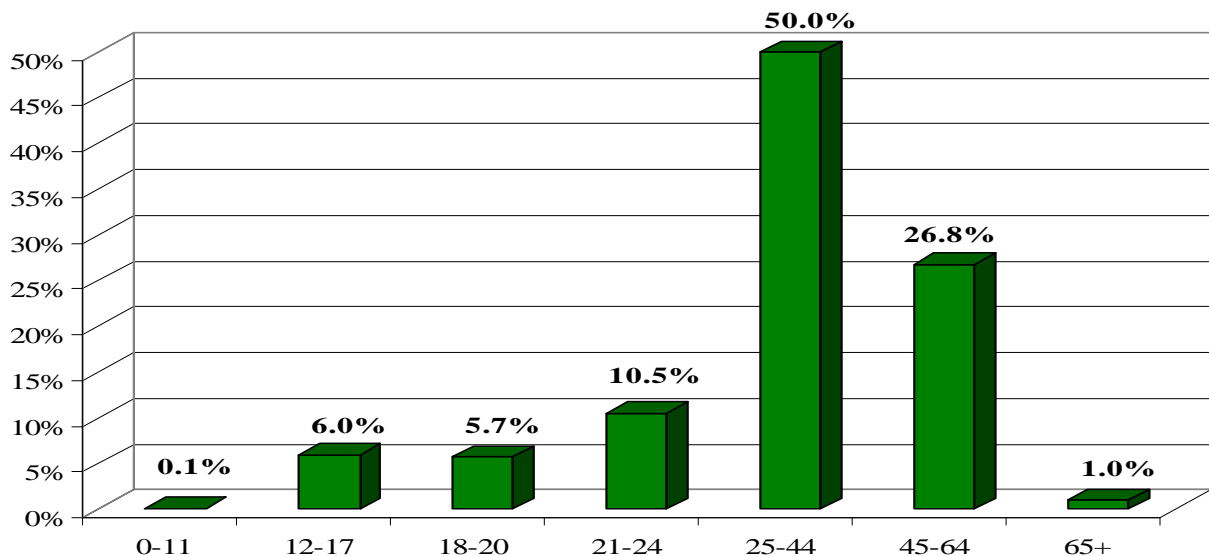


Figure 7 shows that most individuals entering substance abuse treatment in Arizona during 2008 were adults. Individuals age 25-44 years old represented half (50%) of all persons who received substance abuse treatment. Together, persons aged 25-64 accounted for almost 77% of service recipients.

Young adults age 21-24 years represented 10.5% of persons enrolled in substance abuse treatment services which is similar to previous years. 6.0% of persons receiving treatment for substance abuse disorders were under the age of 18.

Figure 8: Substance Abuse Treatment by Gender

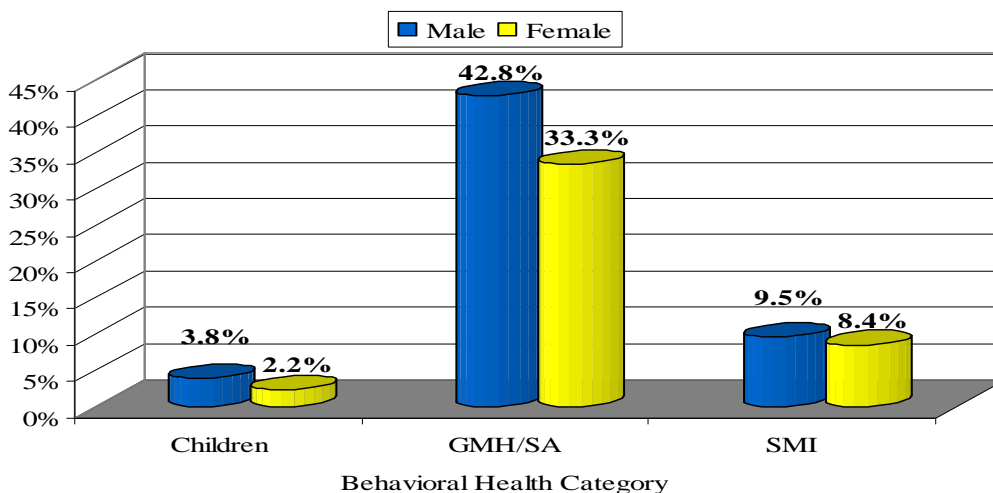
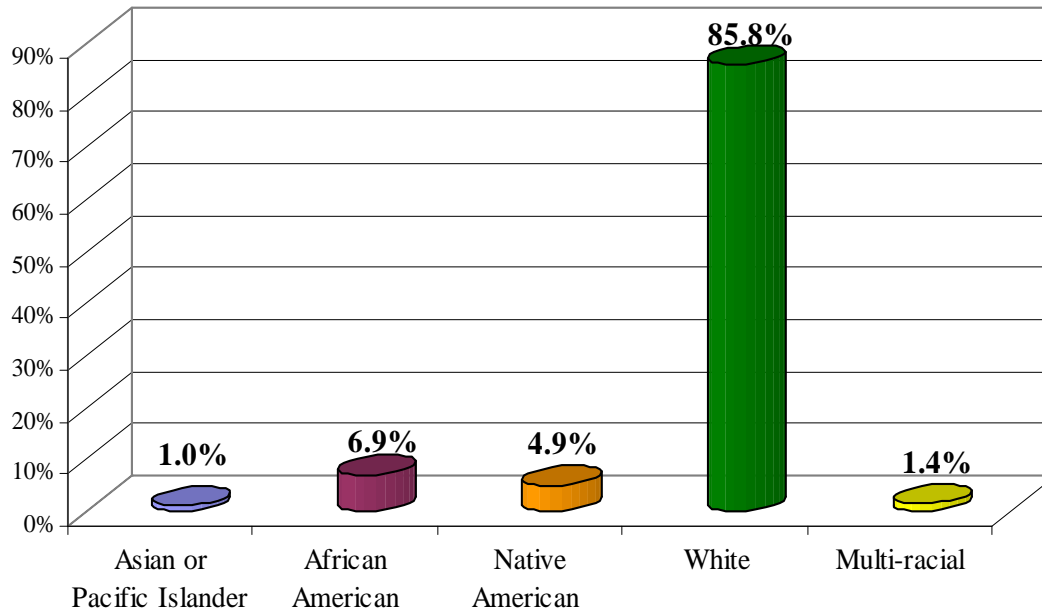


Figure 8 illustrates that more males 56.2% (30,927 males) receive substance abuse treatment in Arizona than females 43.8% (24,122).

Figure 9* : Substance Abuse Treatment Participants by Race



As Figure 9 shows, the majority of persons who received substance abuse treatment services in 2008 were White (85.8%). Approximately 7% of persons served were African Americans and 5% were Native American. Overall, 26% of participants identified themselves as Hispanic/Latino, which is the same as 2007.

* Value of Unknown was less than 1%, therefore it was removed.

Figure 10* : Substance Abuse Treatment Participants by Ethnicity

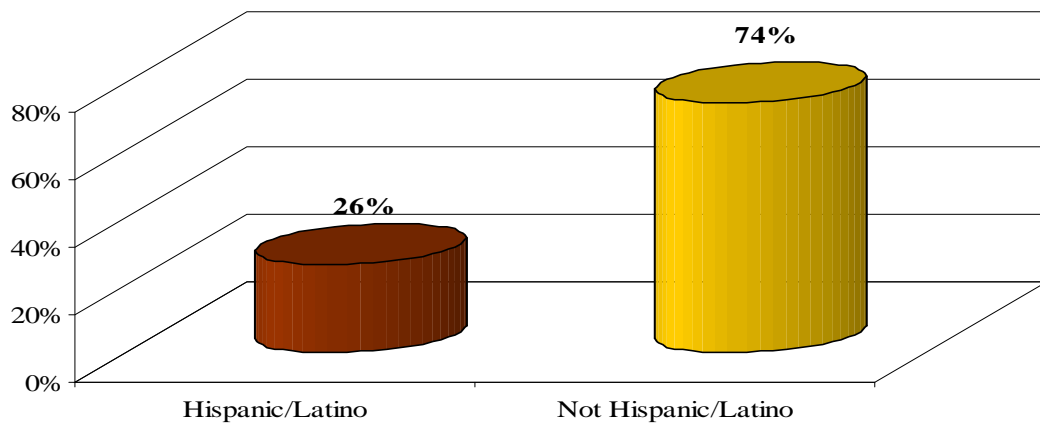
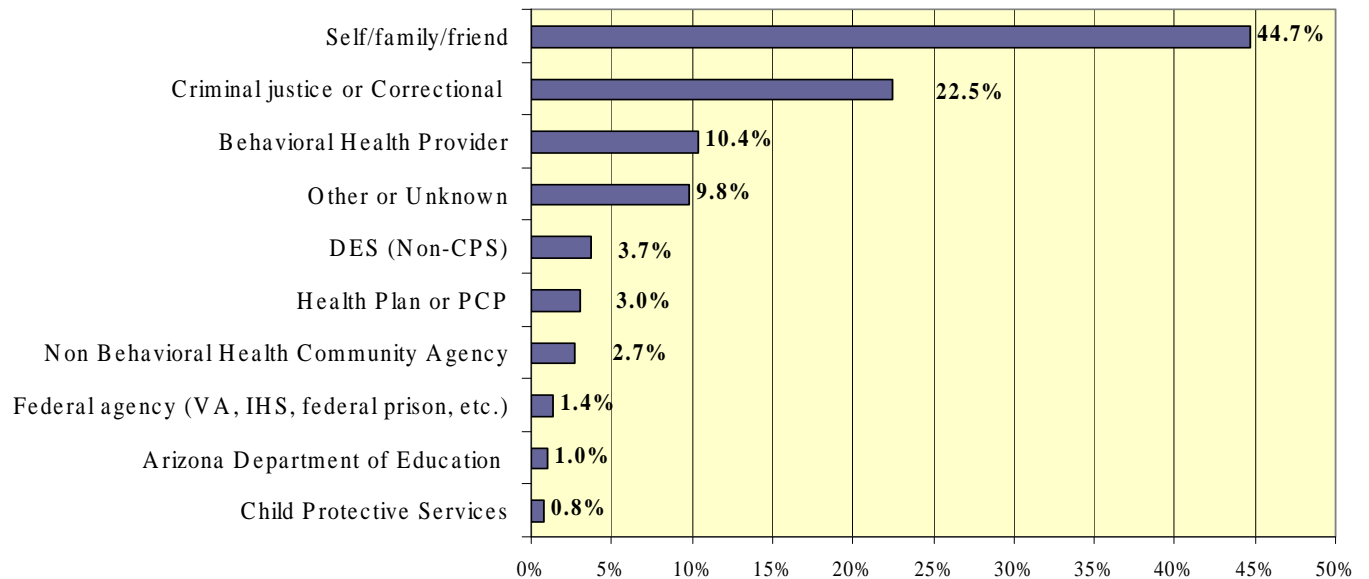


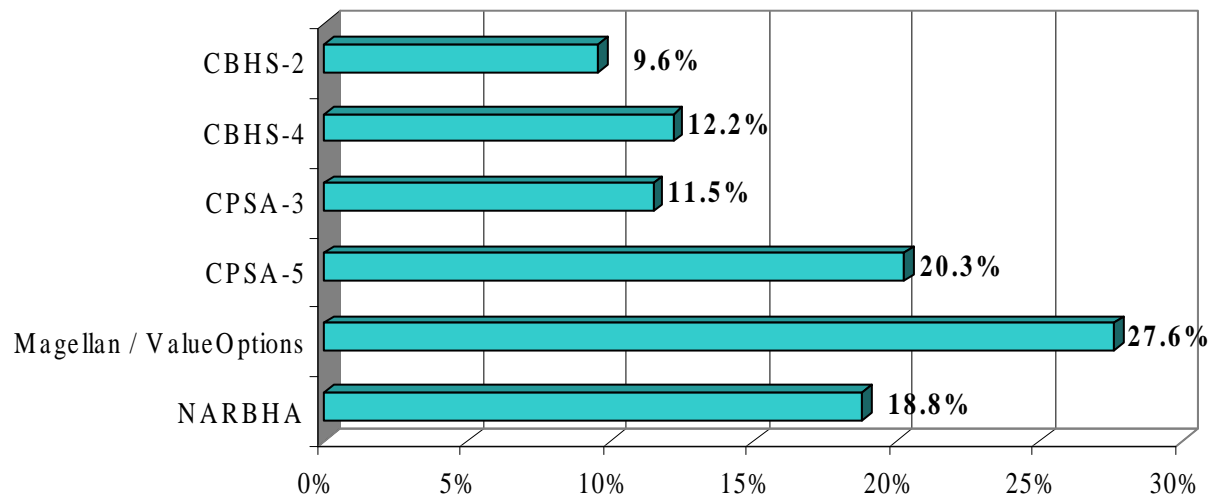
Figure 11: Referrals for Substance Abuse Treatment Services



Self referral or referral by a family member or friend was reported most frequently (44.7%) as the source of referral for person admitted to substance abuse services in SFY 2008, while 22.5% of individuals reported they entered substance abuse treatment due to court order or a referral by a criminal justice agency.

* Value of Unknown was less than 1%, therefore it was removed.

Figure 12: Involuntary Substance Abuse Participants by T/RBHA



A total of 11,282 individuals received court ordered substance abuse treatment. Figure 12 indicates that the majority of involuntary substance abuse treatment participants resided in Maricopa County (27.6%), followed by Community Partnership of Arizona GSA 5 (20.3%) and then Northern Arizona Regional Behavioral Health Authority (18.8%).

Figure 13: Primary Residence in the Past 30 Days

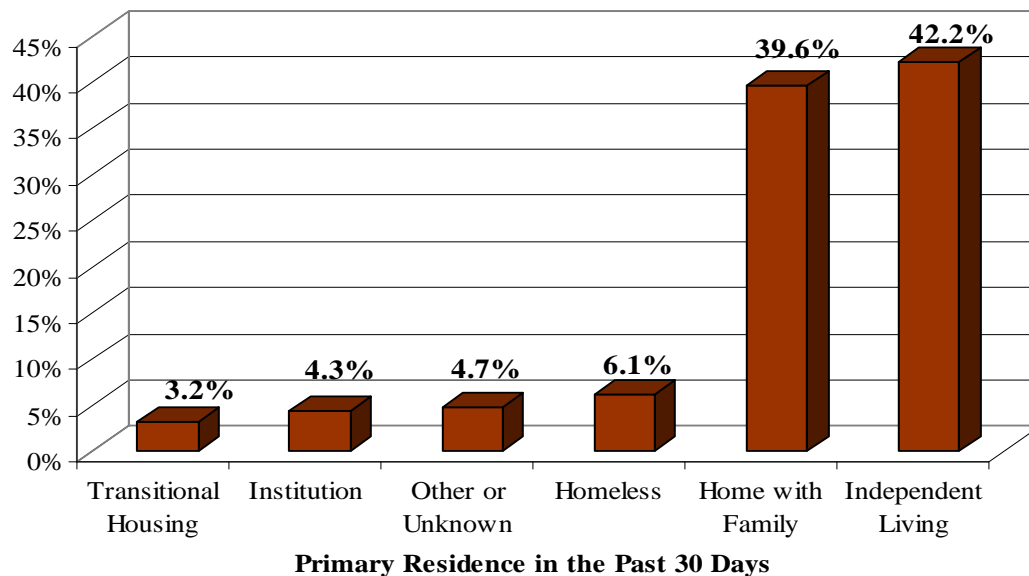


Figure 13 shows that 42.2% of persons enrolled in substance abuse treatment services in SFY 2008 resided in an independent living environment in the 30 days prior to entering treatment. This was followed by 39.6% reported living at home with their family. The data is consistent with 2007 data.

E. Client Problems Addressed by the Programs Including the Types of Substances Abused

Figure 14 illustrates that the abuse of alcohol and stimulants decreased between SFY 2006 and SFY 2008. During the same time period, the abuse of marijuana and narcotics increased.

Figure 14* : Primary Substance Abused SFY 2006 – SFY 2008

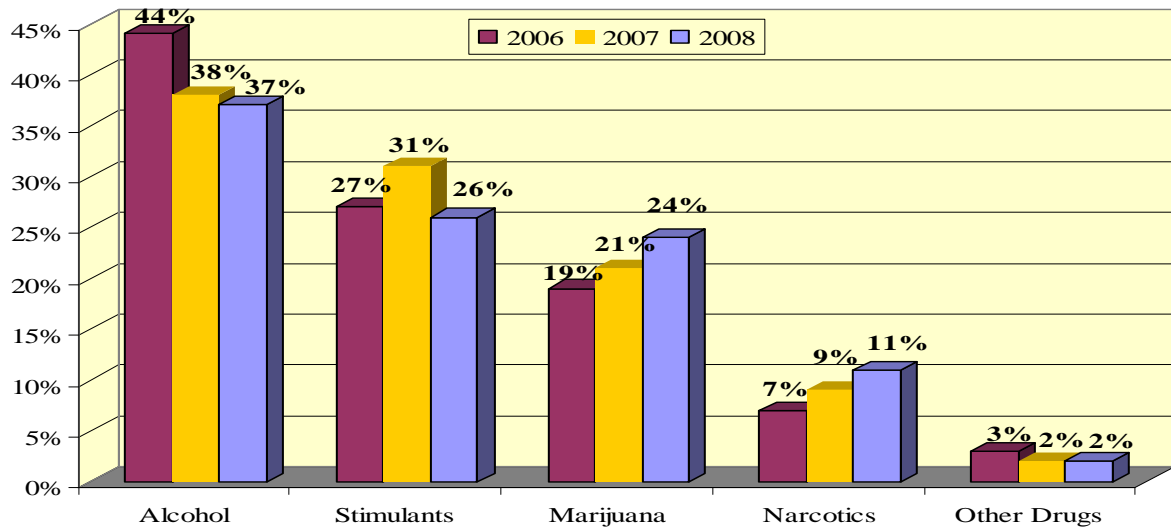
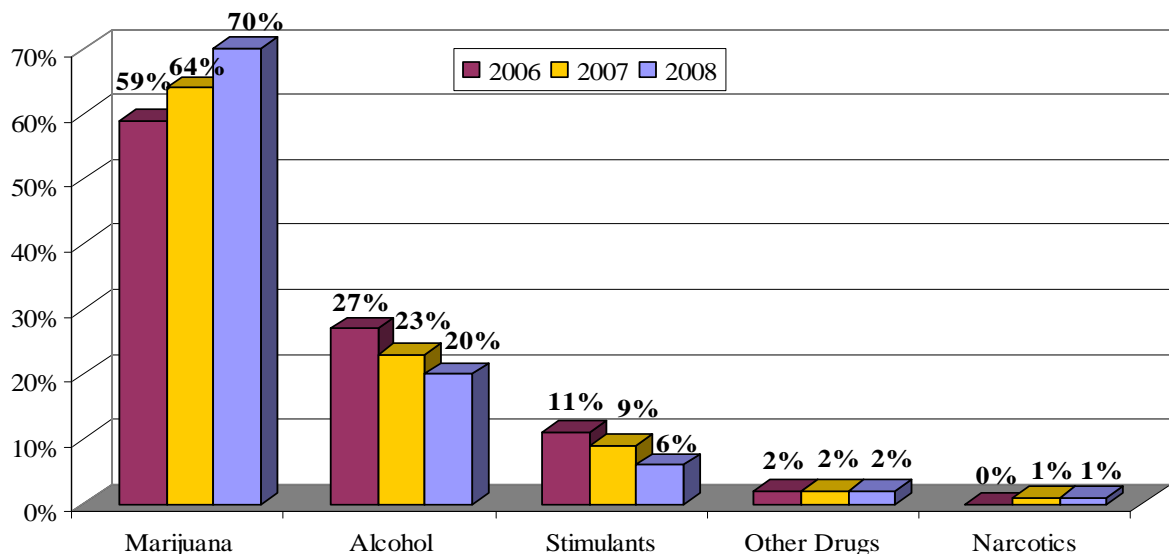


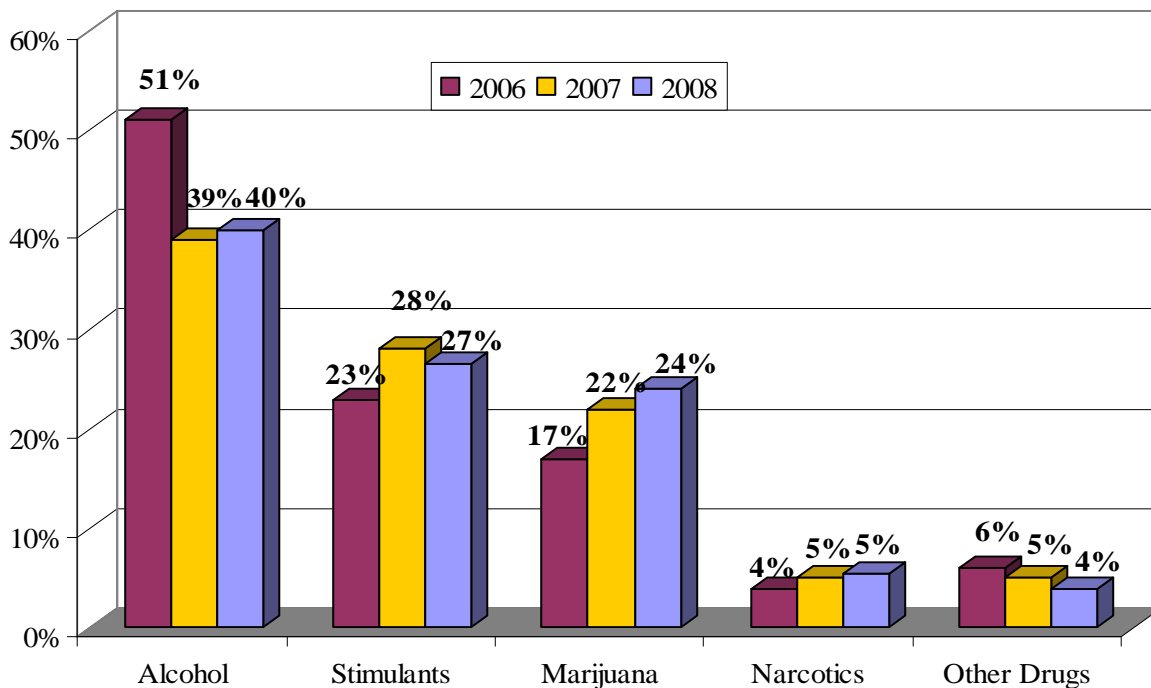
Figure 15* : Primary Substance Abused by Children/Adolescents SFY 2006 – SFY 2008



Patterns in substance abuse differ significantly between children and adults. Figure 15 shows that children and adolescents receiving treatment overwhelmingly report marijuana as their primary drug problem (70%), followed by alcohol (20%). The proportion of children and adolescents reporting a primary marijuana problem has increased approximately 11% from 59% in 2005 to 70% in 2008, while alcohol abuse has decreased from 27% in 2006 to 20% in 2008. Stimulants (6%) remain a distant third as a primary problem reported by children and adolescents.

* The Stimulant category includes methamphetamine, cocaine/crack and other stimulants. The Narcotics category includes heroin and non-medical abuse of prescription painkillers.

Figure 16: Primary Substance Abused by Adults with SMI SFY 2006 – SFY 2008



In contrast, Figure 16 shows that alcohol was the leading substance abused by adults with serious mental illness (40%). Stimulants continued as the second most commonly abused substance (27%), while marijuana remained the third most commonly abused substance (24%). Narcotics and other drugs accounted for less than 10% of persons served.

Further complicating substance abuse treatment is the fact that co-occurring mental health issues such as depression, anxiety and psychotic disorders are commonly noted with substance abuse.

F. Summary of the Numbers and Types of Services Available

Methamphetamine Centers of Excellence (COE)

The COEs were initiated in 2005 and designed to serve individuals with a primary diagnosis of methamphetamine abuse or dependence. ADHS/DBHS continues to support three centers: Gila River Tribal Behavioral Health Authority in Sacaton, La Frontera and Compass Healthcare in Tucson, and Community Bridges in Phoenix.

All three centers adhere to evidence-based treatment approaches including cognitive behavioral therapy, motivational interviewing, peer support, aftercare support, family education, therapeutic urinalysis, a community reinforcement approach and contingency management.

Services for Recovering Women and Children

ADHS/DBHS continues to support priority access to treatment for pregnant women and women with dependent children as mandated by the Federal Substance Abuse Prevention and Treatment Block Grant. During 2008, ADHS/DBHS contracted with Health Services Advisory Group to conduct a study involving a case file review and client interviews at nine residential women's treatment facilities. The objective of the study was to gather baseline data regarding women's substance abuse residential treatment programs throughout the state of Arizona. A total of 1,139 pregnant women and 6,238 women with children were served.

Figure 17: Pregnant Women or Women with Dependent Children Receiving Substance Abuse Treatment

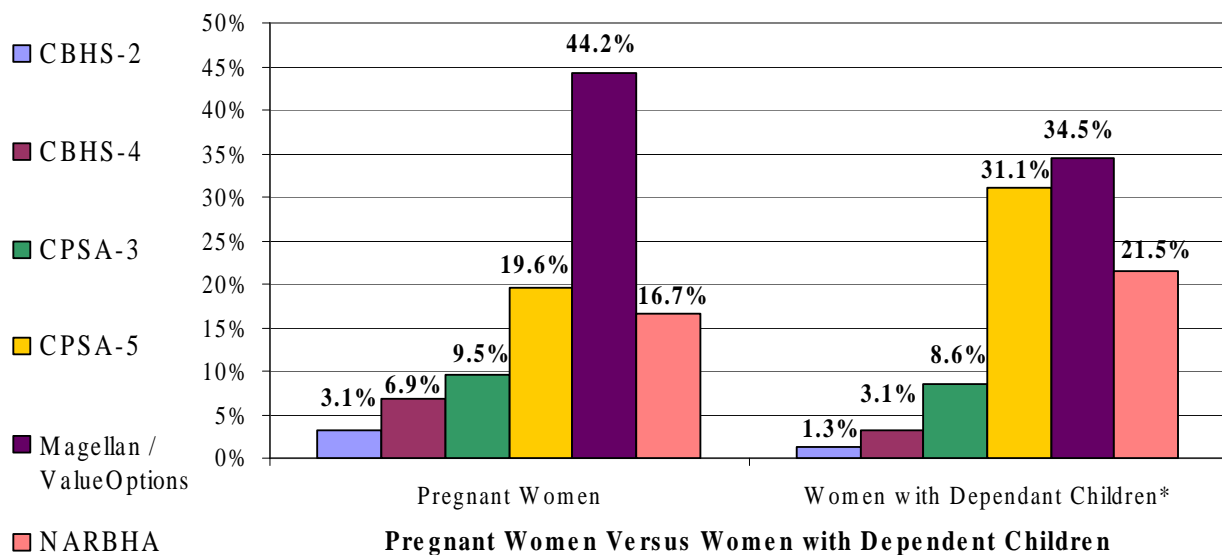


Figure 17 illustrates that the majority of pregnant women (44.2%) and women with dependent children (34.5%) were in Maricopa County (Magellan/ValueOptions), followed by Community Partnership of Southern Arizona-5 (pregnant women 19.6% and women with dependent children 31.1%). In addition, the following numbers of adolescent females were served: 24 who were pregnant and 22 with dependent children.

Addiction Reduction and Recovery Fund

The Addiction Reduction and Recovery Fund (HB2554) was passed in the 2006 Legislative General Session. The goals of this initiative were:

- to improve access to care for individuals who reside in rural or tribal areas with addiction disorders,
- to provide culturally appropriate services with local linkage for ongoing support, and
- to assist communities in reducing crime, lower health care costs, decrease dependence on welfare, and minimize the use of scarce public resources.

Funds were awarded for projects in Globe, Gila River Indian Community, Holbrook, Payson, Winslow, and Yuma.

Five Level IV stabilization units (Globe, Payson, Holbrook, Winslow, and Yuma) obtained their license from the Office of Behavioral Health Licensure and began serving individuals during the fall of 2008. Gila River Indian Community utilized their money to support the Thwajic Ke (adult residential detoxification facility) which opened in March 2008. Recently, ADHS/DBHS has started to collect demographic utilization data for all Level IV facilities throughout Arizona.

Re-Entry Services (COOL Program)

The Correctional Officer/Offender Liaison (COOL) Program was established in 1998 to better serve the substance abuse and behavioral health needs of high-risk offenders on parole. Funding is provided through an Agreement between the Arizona Department of Corrections (ADOC) and ADHS/DBHS. The

program ensures rapid access to treatment and increased coordination for consumers transitioning from prison to the community. The COOL program also provides re-entry services for persons on parole.

The COOL Program supports staff liaisons at each of the four RBHAs contracted with ADHS/DBHS. The program provides covered behavioral health services to address substance abuse issues among persons on community supervision. During SFY 2008, parole officers referred 6,220 persons leaving prison to COOL program providers funded through the RBHAs. Approximately three out of four of those persons referred (4,514 people or 73%) were subsequently enrolled in substance abuse treatment. For SFY 2008, the COOL program delivered \$3,372,822.83 worth of services funded by a combination of Title XIX, COOL and state funding. Funding for this program for SFY 2009 has been reduced by \$500,000 by the Arizona Department of Corrections.

HIV Early Intervention Services Targeting Persons with Substance Abuse Disorders

In SFY 2008, ADHS/DBHS provided HIV Early Intervention services, including testing and education, to persons with substance abuse disorders. Activities specifically targeted persons enrolled in substance abuse treatment with ADHS/DBHS, homeless populations and intravenous drug users. Approximately 19,000 people with substance abuse disorders received HIV prevention education. Of those 19,000 people, 4,033 were tested for HIV. Of the persons tested, 24 (0.6%) were found to have HIV, each of whom received confirmatory testing and counseling related to their diagnosis.

Enhancing Treatment Effectiveness through Peer Support and Family Support

The development and growth of peer and family support services within Arizona's system of care for substance abuse evolved out of the State's recognition of the value that peers and family members bring to the clinical environment. The peer and family support worker project enhanced the effectiveness of substance abuse treatment and provided a more efficient use of public service funding by matching people in recovery as mentors and recovery coaches with individuals receiving services. Recovery Innovations of Arizona (RIAz) has contracted with the State to provide peer support specialist training to individuals with substance abuse disorders. This year, RIAz has provided training to individuals throughout the State to work as Peer Support Specialists, Recovery Coaches and mentors for young adults 18 to 24 years old who have substance abuse issues. In 2009, their focus will be on peers working with older adults with substance abuse issues.

Adolescent Alcohol/Drug Treatment Projects

ADHS/DBHS manages two Substance Abuse and Mental Health Services Administration (SAMHSA) grants, the Child and Adolescent State Infrastructure (CA-SIG) and the Substance Abuse Coordination grant (SAC). Grant funds are targeted to address infrastructure development in addressing adolescent substance abuse, including:

- creating and sustaining trusting partnerships with families and other child serving systems;
- workforce development through expanded training and coaching;
- community infrastructure development for child and family serving agencies including barrier identification and resolution;
- improvements to the overall quality management to ensure sustainability of the statewide system reform; and
- expanding the continuum of substance abuse prevention and treatment services in order to enhance the system of service delivery to children and adolescents.

These two federal grants also focus on implementing evidence-based treatment approaches through training and ongoing coaching and mentoring, and building and sustaining family and youth-driven support services.

Federal grant funding supported a variety of projects to improve infrastructure around adolescent substance abuse treatment such as:

- White Bison training on The Medicine Wheel and 12 Steps for Youth Programs
- Summit on Family Involvement in Adolescent Substance Abuse Treatment
- Adolescent Community Reinforcement Approach (A-CRA) training
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT5) training
- Motivational Interviewing (MI) training
- Matrix model training
- The American Society of Addiction Medicine (ASAM) conference
- Arizona's 2008 Adolescent Substance Abuse Conference: "Confronting Social Barriers in Adolescence"
- Development of an evaluation tool to assess substance abuse programs that treat adolescents..

Services for Families Involved with Child Protective Services

Through legislation passed in 2000, ADHS/DBHS collaborates with the Arizona Department of Economic Security (ADES)/Division of Children, Youth and Families (DCYF), community agencies and faith-based organizations to provide a continuum of family-centered services through the Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) program (AFF). The collaboration has provided services to more than 26,400 families since its inception in 2001. During SFY 2008, Child Protective Services (CPS) workers referred nearly 4,700 individuals across the state for services. Persons referred to the AFF program are screened for TXIX eligibility and, if eligible, are referred to the RBHA system. Over 2,600 individuals received services through the RBHA system. Those who are not TXIX-eligible can be served by the RBHA system when non-TXIX funding is available (e.g. SAPT Block Grant funds). Priority is given to pregnant women who are in need of substance abuse treatment.

The Governor's Executive Order 2008-01 "*Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services*" increased the collaboration between DBHS and DCYF around improving access to quality substance abuse services for individuals involved with CPS. In response to the Governor's Executive Order, ADHS/DBHS has focused on maximizing SAPT funding for women involved with CPS.

Individuals engaged in the AFF program received help in reducing or abstaining from abuse of illicit substances and/or alcohol abuse. Almost 70% of clients who either completed their AFF treatment services or voluntarily terminated services demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests. These findings are consistent with outcomes from other successful model treatment programs that use random drug testing as a program component.

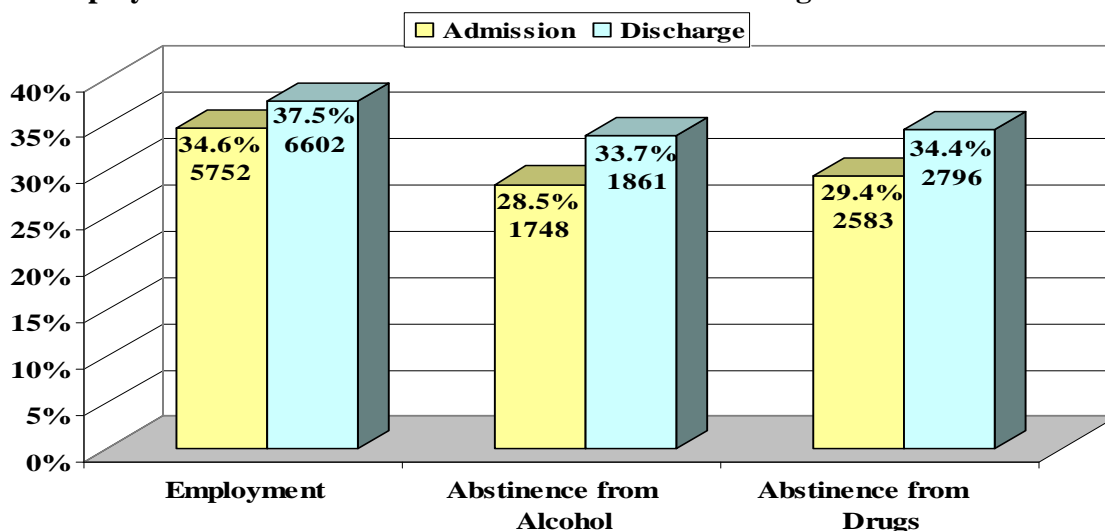
ADHS/DBHS and DCYF have conducted coaching sessions at eight treatment provider sites in SFY 2008. These coaching sessions represent an opportunity for the two agencies to have a dialogue with providers and stakeholders about clinical practice and cross-agency coordination. These sessions focus on assessment, interim service plan/service plans, collaboration with others, treatment/support services, connection to natural supports, clinical record documentation and family-centered services. The goal is to improve substance abuse treatment services for families involved in the child welfare system.

G. Evaluation of the Results Achieved by the Programs

ADHS/DBHS evaluates the effectiveness of substance abuse treatment by comparing outcome indicators from admission into treatment to discharge from treatment including abstinence from alcohol and drug use and employment status. ADHS/DBHS can demonstrate positive outcomes for persons receiving

substance abuse treatment through the state funded behavioral health system. Figure 18 shows the change from admission to discharge in employment status as well as abstinence from alcohol and drugs.

Figure 18: Employment and Abstinence at Admission and Discharge



H. Substance Abuse Treatment and Best Practices Goals for SFY 2009

ADHS/DBHS is committed to promoting the recovery and resiliency of Arizonans through provision of high quality prevention, support, rehabilitation and treatment services. ADHS/DBHS will continue to align substance abuse prevention and treatment initiatives with state and national priorities as well as best practices.

The SFY 2009 strategic plan of the Arizona Substance Abuse Partnership (ASAP) identified reduction of underage drinking and prescription drug abuse as priorities. ADHS/DBHS, an active participant in ASAP, has also adopted these issues as priorities for 2009 and is in the process of developing a strategic plan to address underage drinking in collaboration with the statewide Underage Drinking Prevention Committee of the ASAP. The plan involves strategies that include improving treatment quality, reducing access to alcohol and increasing the perception that alcohol consumption is harmful to the neurological development of youths. In SFY 2009, ADHS/DBHS will begin to identify effective prevention and treatment interventions that can be used to decrease abuse of prescription drugs.

Methamphetamine continues to be a significant threat to the health and safety of Arizona. To improve the effectiveness of methamphetamine treatment, ADHS/DBHS has adopted best-practice approaches such as Centers of Excellence for methamphetamine addiction, increased access to detoxification facilities and improved medical interventions. ADHS/DBHS will continue current activities while striving to continually improve quality through provision of technical assistance, training, and monitoring of providers.

I. System Enhancement Goals for SFY 2009

1. Use data to monitor the effectiveness of current treatment and prevention services and to develop strategies for improvement.
2. Increase the capacity of T/RBHAs and providers to apply research-based, cost effective and culturally specific practices to prevent and treat substance abuse disorders.
3. Develop clinical guidance documents that describe expectations for T/RBHAs and providers related to opioid treatment interventions for adults and adolescents.
4. Support the implementation of the statewide Underage Drinking Prevention strategic plan and coordination of the statewide Underage Drinking Prevention Committee.

In Summary, ADHS/DBHS will explore further prevention and treatment strategies around underage drinking, treatment for children and adolescents, prescription drugs, methamphetamine, and opioid addiction with the present level of funding and resources in SFY 2009. ADHS/DBHS believes the continued focus on these key areas will support a healthier Arizona.